

EMPLOYER RESPONSE—DISCHARGE

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE.

Claimant Name:		SSN:	
INTERSTATE CLAIMS IDAHO DEPARTMENT OF LABOR 127 WEST 5TH ST. NORTH BURLEY ID 83318 208-678-1765 (FAX)		Employer's Name, Address, Phone & Fax	
Paid or to be paid:			
Gross earnings for the past 12 months \$		Severance: \$	On (date):
Vacation: \$		Bonus: \$	On (date):
Date payment will be received:		Holiday: \$	On (date):
Rate of Pay per hour: \$		Pension or Retirement pay was paid or will be paid:	
		\$ On (date):	
Supervisor's Name:		Employer's Phone#:	
Start Date of Employment:		Last Day Claimant Worked:	
Date Terminated:			
Why did you discharge the claimant?			
What was the last incident (final straw) that led to the discharge?			
What day did this incident occur? _____			
Please supply information regarding any previous incidents that are related to the claimant's discharge. (Please document date and description of incident(s)).			
How did the claimant's action adversely affect your business?			

Was a company policy/established procedure violated? ☐ Yes ☐ No If yes, how was the claimant made aware of the policy/procedure?

(PLEASE ATTACH COPY OF POLICY)

What was the expected job behavior & what should the claimant have done?

Warnings (verbal & written) the claimant received and the date they were received:

Please provide copies of any written warnings

*If verbal, please provide name & title of person who issued warning

Did you ever tell the claimant he/she could be discharged if the behavior continued? ☐ No ☐ Yes
If yes, please explain:

If warned, how did the claimant's behavior change?

Additional information:

Employer/Employer's Representative Signature: _____

Print Name: _____ Title: _____

Phone Number: _____ Date: _____